NASSAU COUNTY DEPARTMENT OF ASSESSMENT

ENHANCED SCHOOL PROPERTY TAX RELIEF (STAR) EXEMPTION **APPLICATION FOR 2013-2014**

D	(See Instructions	on Back)	T	т —	
Print Name of ALL Owners (as recorded on deed)	A	ddress	Marital Status	Date of Birth	SD
					ILY
					SEC
Telephone Number(s) Day ()		Evening () _			
2. Property Identification. Co-op apa	artment owners must a	attach a copy of <u>CER</u> T	TIFICATE OF	SHARES.	
TOWN S D SECTION	BLOCK L	OT CA# or BI			В
Deed (Liber)# Deed	(Page)#		For Condos	& Co-ops only	BLK
Beed (Elost)ii	(1 480)				
3. Proof of Age. Indicate documents	_	ation as proof of age o	of all OWNERS		
□ BIRTH CERTIFICATE□ BAPTISMAL CERTIFICATE	☐ PASSPORT☐ DRIVER'S LICENS	S.E.			100
4. Proof of Primary Residence. Indicate			imary residenc	e.	Ĭ
2011 SOCIAL SECURITY 1099 (EN			•		
☐ 2011 NY STATE INCOME TAX RET	TURN				
List the address(es) of all additional real necessary)	estate that you own, eit	her entirely or in part. (Attach additional	sheets if	CA#
					# or
					CA# or BLDG#
)G#
5. Proof of Income. All pages of application.	your 2011 Federal/NY	S Income Tax Return((s) must be atta	ched to this	
Total STAR Income \$	(Use w	orksheet on back of ap	plication)		Τ
6. If you would like to continue rec	eiving the Enhanced S	TAR Framption in the	future without k	naving to re-	TAX UJ For Condo
apply and submit copies of your tax	return(s) to the Assesso	r every year, you are ir	vited to sign up	for the <i>New</i>	UN ndo's
York State STAR Income Verification use this option, you must file a New			ecurity number(s	s) below. To	NIT#
110 u 1 to th	1 0111 0 0 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 1 0 1 0 1				o-op:
		-	-	_	s Onl
	-	-			⋖
<u>CERTIFICATION</u> (All Resident Ow I (We) certify that all of the above informations of the above information).		tion is true and correct an	d that the property	v listed above is	my (our) leg
primary residence. I (We) understand it is	my (our) obligation to pr	ovide any documentation	of eligibility that	t is requested an	d to notify th
assessor if I (we) relocate to another prindisqualification from further exemption fo					
Signature	Signa	ture		Date	
Signiture .	ignature			Dute	
Note: The completed application must status date of January 2, 2013. Due to recommended that the applications be	he extremely large volu	ime of STAR applicatio			
THIS SPACE IS FOR ASSESSOR	S USE ONLY				
Proof of Ownership Yes No)	Proof of Income [Yes No)	
Proof of Age Yes No		Approved Yes	Approved Yes No		
Proof of Residence Yes No		Assessor's Signatur	re		Date
Comments		<u> </u>			

Rev. 5/12 NC-425E To be eligible for *ENHANCED STAR*, <u>all</u> homeowners must have reached the age of 65 by December 31, 2013. In the case of siblings or husband and wife, only one resident owner must be 65. Your combined income for this exemption is based upon your Federal Adjusted Gross Income (AGI) less any taxable IRA distribution. The total must not exceed \$79,050.

If you file a NYS Income Tax Return each year, you have the *option* of having your income verified by the New York State Department of Taxation & Finance for future years. If you choose to have your income verified by the State and your income is verified, you will automatically be renewed every year if financially eligible. If you <u>do not</u> file a NYS Income Tax Return or if NYS <u>does not</u> verify your income, a <u>renewal application must be filed</u> with the Nassau County Department of Assessment every year. (Refer to Page 1 No. 6) Once removed from the *Enhanced STAR Program* you <u>will not</u> be placed on the *Income Verification Program* in subsequent years unless you opt in again.

When your primary residence \underline{or} the Deed to the property changes, you must notify the Assessor in writing, within 60 days of the date of transfer, to remove any exemption(s) on a previous residence \underline{prior} to filing the new application. This exemption is \underline{not} transferable.

Application Instructions for the *ENHANCED STAR Exemption***.**

- 1. Fill out the application completely.
- 2. The name on the Deed or Certificate of Shares must correspond with the name on the application. For exceptions to this requirement, please see the checklist below.
- 3. Attach proof of age, proof of primary residence, all pages of your 2011 Federal or NYS Income Tax Return(s) and any additional information required in the checklist below.
- 4. Submit <u>signed</u>, completed, original pink application with <u>photocopies</u> of documentation to the Department of Assessment on or before the taxable status date of <u>January 2, 2013</u>.

Please use the following list as a guide to assist you in providing the required documents.

☐ CERTIFICATE OF SHARES OR PROPRIETARY LEASE – <i>If</i> you live in a Cooperative apartment.
☐ PROOF OF AGE – Birth Certificate, Baptismal Certificate, Driver's License, Military ID or Passport.
☐ PROOF OF PRIMARY RESIDENCE – 2011 Social Security 1099, current Car Registration or 2011 NYS Income Tax Return. All Proof of Residence documentation must show current address.
A COPY OF ALL PAGES OF YOUR 2011 FEDERAL OR STATE INCOME TAX RETURN(S) – (required for all owners) If you are married and filed separately, include <u>both</u> tax returns. <i>If</i> you <i>were not required</i> to file an income tax return, you must attach proof of all taxable income (i.e. 1099 Statements of Interest, Dividends, Pension, W-2, etc.) An IRS printout may be required. The Federal or NYS State Income Tax Return must have the applicant(s) name, address and social security number(s) on it.
☐ A COPY OF THE ENTIRE TRUST – If your property is in a trust, all present beneficiaries must qualify for the exemption.
☐ A COPY OF THE DEATH CERTIFICATE – <i>If</i> one of the owners on the Deed is deceased.
☐ A COPY OF DIVORCE OR LEGAL SEPARATION PAPERS – <i>If</i> the property is in both names and applicant is divorced or legally separated.
☐ A COPY OF THE PROBATED WILL – If the sole owner on the Deed is deceased.
☐ LETTER FROM HEALTH CARE FACILITY – <i>If</i> owner(s) are residing in a health care facility.
POWER OF ATTORNEY – <i>If</i> you are signing as an attorney-in-fact.

The definition of income is based on your Federal Adjusted Gross Income (AGI) less any taxable IRA distribution. Use the worksheet column below that corresponds to your tax return. Enter the total *STAR* income on the front of the application.

2011 Tax Form	Federal Adjusted Gross Income	Taxable IRA Distribution	STAR Income Worksheet
IRS Form 1040	Line 37	Line 15b	AGI
IRS Form 1040A	Line 21	Line 11b	minus (-)
NYS Form IT-201	Line 18	Line 9	Taxable IRA dist.
NYS Form IT-200	Line 8	N/A	STAR total =

Taxpayer's Protection

Taxpayers are advised that there are safeguards in place to protect individual tax return information.

<u>CAUTION</u>: Anyone who misrepresents his or her primary residence may be subject to a \$100.00 penalty, be prohibited from receiving the *STAR Exemption* for five years, and may be subject to criminal prosecution.

Para asistencia en Español llame al (516) 571-2020

NASSAU COUNTY DEPARTMENT OF ASSESSMENT 240 OLD COUNTRY ROAD, 4TH FLOOR MINEOLA, NEW YORK 11501 (516) 571-1500

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